

STATE OF NEW HAMPSHIRE

2013 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	byist(s)				
II. Name of lob	byist's partnershi	p, firm or corporation	ı, if any:		
	(Name of partnersh	ip, firm or corporation)			
Business Address:	: (Street)	(Town/Ci	ity)	(State)	(Zip Code)
()(Teleph	none)	()	(Fax)	e-mail	
		se one – file separate vhich are not attribut			ay file a separate report for
☐ All reportab	le transactions occu	urring in the months pri	or to the reporting	g date relative to th	ne following client:
 <u>OR</u>	(Full Name	of Client as it appears on t	the Lobbyist Regist	ration Form)	
All reportable	e transactions by th particular client.	e lobbyist (including th	ne lobbyist's fami	ly), or the lobbying	g firm listed below which are
IV. Date of Rep Reports cover:	-	2013	July 31, 2013 activity from 4/1/13 to 6/30/13		
		October 30, 2013 <i>activity from 7/1/13 to 9/30/13</i>		January 29, 2014 \square activity from 10/1/13 to 12/31/13	
	cked, complete just	ceived and no report			he last report. □ State House, Room 204,
VI. Check if ad	ditional reports a	e attached:			
☐ If you have	received fees or ma	nde expenditures, you n	nust file Addend ı	ım A– Fees and E	xpenses
☐ If you have Expense Reimbu	•	or reimbursed expense	•	Addendum B – Re	port of Honorariums or
☐ If you, your	firm, or your famil	y has made political co	ontributions, you r	must file Addendu	m C– Political Contributions
I have read RSA	nt/Affirmation by 15, RSA 15-B and knowledge and be	RSA 664 and hereby s	swear or affirm th	at the foregoing in	formation is true and complete
(Signature of lobbyist)				(Dat	te)
(Print Name of	lobbvist)				